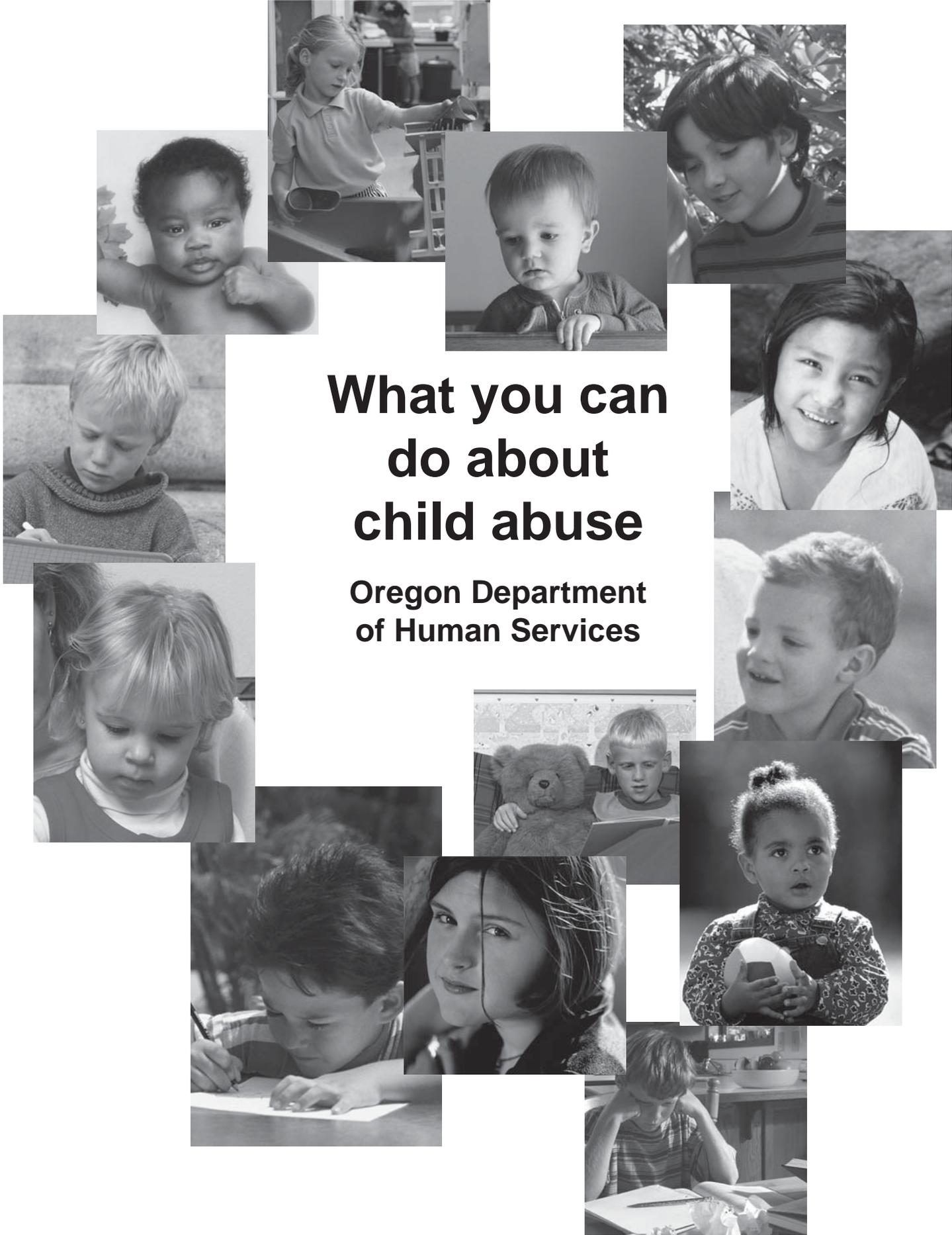




# **What you can do about child abuse**

**“In FFY 2006, there were 60,746 reports of suspected child abuse/neglect made to DHS in Oregon. Child abuse or neglect was found in 8,017 of these reports.”**

This document can be obtained in an alternate format for individuals with disabilities upon request by contacting: Lisa Zacharias, 503-945-5683 phone or 503-378-3800 fax. Available formats are: large print, Braille, audio tape recording, electronic format and oral presentation.



# What you can do about child abuse

Oregon Department  
of Human Services



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# Introduction

## Why do I need this information?

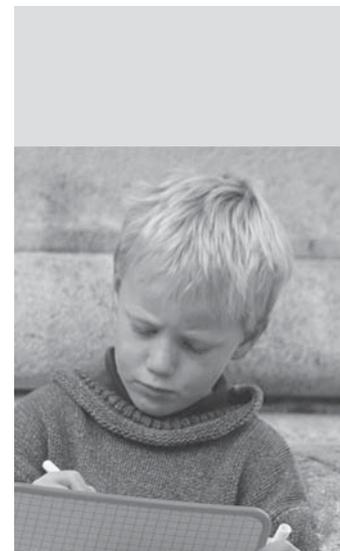
Mandatory reporters — those people required by law to report child abuse — are a crucial link in the system to protect children. Seventy-four percent (74.7 %) of reports come from mandatory reporters. In many cases those community members are the only people outside the immediate family to see babies or small children.

All citizens have responsibility to prevent child abuse and protect children. Individuals can help children in a variety of ways, from simply being their friend to protecting them from abuse. Communities can help provide the resources children and families need, such as safe day care or treatment services for child abuse victims. Mandatory reporters of child abuse, along with the Department of Human Services (DHS) and law enforcement officials, have a legal obligation for child protection.

We hope this book will help you understand what, when and how to report, as well as give you an idea of what happens after you make a report.

Some things you should be aware of as you read this material:

- **DHS (CPS) and law enforcement** — DHS and law enforcement agencies have a shared legal responsibility for taking child abuse reports and responding to them. Much of the information presented here about the Child Protective Services (CPS) process also applies to law enforcement.
- **Caregivers** — CPS or law enforcement intervenes when a caregiver abuses or neglects a child. Because a caregiver is generally a parent, (although it could be a baby sitter or guardian), the word parent has been used throughout this manual to mean any caregiver.
- **Accidents** — It is a fact of life that children have accidents and get injured. CPS and law enforcement always consider that an accident or illness may have caused a child's injury when assessing abuse allegations.



**Mandatory reporters are required by law to report child abuse.**

You should report any reasonable suspicion of abuse.

- **Categories of abuse** — You do not need to define an injury as physical abuse, neglect, etc., when you make a report. This manual separates abuse into different categories to help you understand how the law defines abuse. What we need from you when you call us is specific, accurate information about each child’s condition.
- **Pronouns** — The pronouns he and she are used interchangeably throughout this manual to describe children. Both genders are subject to all forms of abuse. The ratio in Oregon is approximately 52 percent female to 48 percent male victims.
- **Abuse and neglect** — Child welfare professionals often talk about both abuse and neglect because abuse is usually an action taken against a child and neglect is usually the lack of care. Oregon law includes neglect as a category of abuse. Throughout this manual, “child abuse” includes physical abuse, sexual abuse and negligent treatment of children.

### **What is the most important thing to remember?**

You should report any reasonable suspicion of abuse; you do not have to prove it. If you suspect a child has been abused, phone your local DHS office to discuss your concerns with a CPS-trained caseworker.

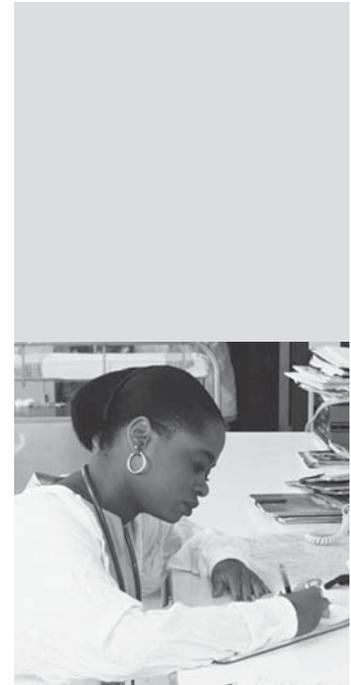
# Making a report

## What is reporting?

As a mandatory reporter, if you suspect a child with whom you have had contact is being abused or a person has abused a child, you must tell either the Department of Human Services or a law enforcement agency (city or state police, sheriff or county juvenile department).

## Who is a mandatory reporter?

- Physician, including any intern or resident.
- Dentist.
- School employee.
- Licensed practical nurse or registered nurse.
- Employee of the Department of Human Services, Oregon Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.
- Peace officer.
- Psychologist.
- Member of the clergy.
- Licensed clinical social worker.
- Optometrist.
- Chiropractor.
- Certified provider of foster care, or an employee thereof.
- Attorney.
- Naturopathic physician.
- Licensed professional counselor.
- Licensed marriage and family therapist.
- Firefighter or emergency medical technician.



Oregon law defines mandatory reporters.

**Exemption for privileged communication applies only to:**

- Psychiatrists
- Psychologists
- Clergy
- Attorneys

- A court appointed special advocate, as defined in ORS 419A.004.
- A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.
- Member of the Legislative Assembly.

### **When does confidentiality override the need to report?**

If you are a mandatory reporter, your obligation to make a report applies regardless of whether or not your knowledge of the abuse was gained in your official capacity.

Those people who have been granted the right of privileged communication by ORS 40.225 to 40.295 are not required to report information about abuse if the information is gained in a situation where the professional/client relationship is protected. If you have any questions, contact DHS or your licensing board.

### **How do I make a report?**

Generally, reports are made by phone because the law requires an oral report. Sometimes we may ask for additional written material, such as medical exams, when the information is needed to assess the condition or safety of the child.

Most DHS offices are open from 8 a.m. to 5 p.m. Most areas have hotlines or other ways to take calls after hours. If you need to report abuse after hours, contact your local law enforcement agency or child abuse hotline (phone numbers are listed in the back of this pamphlet).

When a report is made to DHS, we share it with appropriate law enforcement agencies and vice versa. You only need to report to one agency.

### **What information should I have?**

DHS cannot respond unless there is a specific allegation of abuse.

- “Mary seems withdrawn and quiet,” is not an allegation of abuse.

- If Mary comes to school with bruises on her face and tells you, “I don’t want to go home because my mom hit me,” you should report it.

Always pay close attention when a child tells you about being abused.

If possible, report the names and addresses of the child and parent; the child’s age; the type and extent of abuse, as well as any previous evidence of abuse; the explanation given for the abuse; and any other information that will help establish the cause of abuse or identify the abuser.

You do not need to know the name of the abuser before your report. The more information we can get from you, the easier the assessment will be for the child and family.

Also, the more quickly you get the information to us, the more likely we can respond effectively. Bruises and other physical marks can fade, and it is important for us to have as complete a picture as possible.

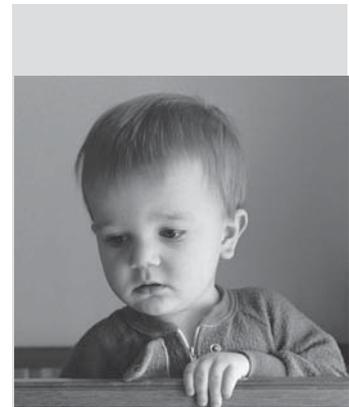
## **What information can I get from DHS after I make a report?**

When you make a report, the intake worker can tell you whether there is enough information for an assessment to be done. They may not know before consulting with their supervisor.

Because the law requires that we keep information about child abuse reports confidential, you might not be told details of the abuse or the assessment. However, we will try to give you information to the extent allowed by the law, including information that you need to continue helping the child. Unless the Department determines that disclosure is not permitted under ORS 41 9B.035, the Child Protective Services worker is required to notify the reporter, if the reporter provided the Department with contact information, whether contact was made, whether the Department determined that child abuse or neglect occurred, and whether services will be provided.

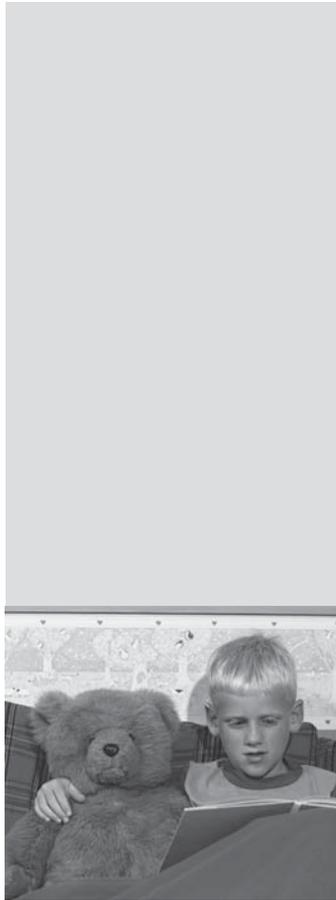
## **What kinds of abuse am I likely to see?**

The easiest abuse to recognize is something that leaves physical marks like bruises or burns. Some forms of neglect are somewhat visible such as malnutrition or young children left alone.



**Provide as much information about the abuse as possible:**

- Names/ addresses of child and parent
- Child’s age
- Type and extent of abuse
- Any previous evidence of abuse
- Explanation for abuse
- Information to help establish the cause of abuse or identify the abuser.



You should question a child as appropriate to your job.

You may have a child tell you she is being abused. Realistically, it is difficult for someone who is not directly involved with a child and his family to see most forms of sexual abuse or mental injury. However, we often get reports on these situations from relatives and friends.

### **If I see a suspicious mark on a child, should I investigate it?**

The amount of questioning you should do depends on what is appropriate for your job. For example:

- As a doctor or nurse, it is good medical practice to ask about your patient's injuries.
- As a teacher, you might routinely comment on children's injuries (for example, showing sympathy for Richard's leg that was broken when he went skateboarding). It would then be appropriate to comment on injuries you think might be from abuse and listen to the child's response.

It is not appropriate for you to conduct an assessment of the situation. If possible, however, it is very helpful if you have been able to talk honestly to the child. If the explanation does not seem to fit the injury, make a report.

### **Do I have to prove abuse occurred?**

No. Your report is a request for an assessment to be made. The law clearly states you must report any reasonable cause to believe a child has been abused. Then, either a CPS-trained worker or a law enforcement officer will conduct an assessment. Even if the result of the assessment is unfounded abuse, it was still appropriate for you to have made the report.

### **What if I'm not sure it's abuse?**

If you have questions about whether or not to report, please call your local DHS office to consult with CPS-trained workers. They can tell you if it is a situation that should be formally reported.

Sometimes different people have different information about a child. You might be the second or third person to call about a particular child, giving us the critical piece of information we need to be able to help.

### **If I have a feeling that a child is being abused, but there are no marks on him and he hasn't said anything to me, should I report my suspicion?**

Either DHS or a law enforcement officer will need a specific allegation of abuse before we can conduct an investigation. If you have a concern about a child, and you have a relationship with him that allows it, you could ask him about your concern in a non-threatening, non-leading way.

General questions like, "Is there anything wrong?" or "You look upset, is there something you want to talk about?" may help encourage him to talk to you.

### **What should I say to a child who tells me they are being abused?**

Let the child know she is not responsible for the abuse. Don't look shocked and don't talk about blaming anyone. Tell her you will get in touch with people who can help her, and let her know they will need to talk with her.

Take any story of abuse seriously and report it.

Don't force her to tell more than she is ready to reveal. All you need to do is report a suspicion of abuse, not prove it happened.

This is a very difficult time for children, and they need your understanding, support and patience.

### **How will a child react after a report is made?**

Even if abuse has occurred, it may be hard for the child to admit that he has been abused and it will be even harder for him to keep telling his story to the social workers, police officers, lawyers and others who may be involved in an abuse case.

How his family reacts will greatly affect how he reacts. Sometimes the

Ask open-ended questions like, "Is there anything wrong?" or "You look upset, is there something you want to talk about?"

Take any child's story of abuse seriously.

## *Making a report — continued*



non-abusing parent will immediately believe his story and support him. Sometimes parents or siblings do not believe him and pressure him to change his story.

Children are not usually removed from their homes when abuse is found. However, if a removal is necessary, DHS will try to maintain ties the child has to family, friends, schools, etc.

All children react to stress differently. Some may act out or become withdrawn. The important thing to realize is that the period after an abuse report is made is very difficult for children and they need special attention and care from you.

# Importance of reporting abuse

## What if I don't report?

Failure to report is a violation and carries a maximum penalty of \$1,000.

Mandatory reporters have also been successfully sued for damages in civil court for failing to report.

## After I report, will my name be made public?

The only time a reporter's name can be released is by a court order. However, you might have to testify at juvenile court or criminal court proceedings about the child's condition.

## Can I be sued by the parent for making a report?

Anyone who makes a good faith report based on reasonable grounds is immune from liability.

## What if the abuse happened a long time ago?

You should still report it. The abuser may have access to other children, and his earlier history could be important. There is no statute of limitations on the reporting of child abuse.

## Should I make a report to my supervisor?

As a mandatory reporter, you must report to DHS or a law enforcement agency. Telling your supervisor does not fulfill your legal obligation.

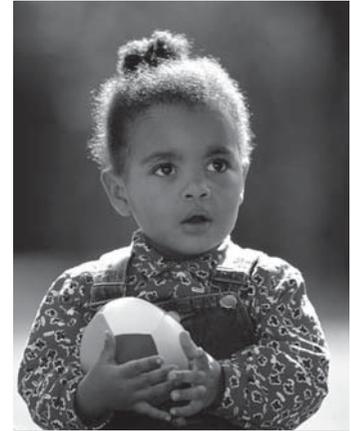
Your employer may have internal policies asking you to inform your supervisor or other staff members. That is fine as long as you also make a formal report to DHS or law enforcement. It is important that we talk to the person closest to the original source of information so we can get all relevant details.

## How many cases of abuse are reported?

In FFY 2006, there were 60,746 reports of suspected child abuse/neglect made to DHS in Oregon. Child abuse or neglect was found in 8,017 of these reports.

## How important is my report?

*A guide for mandatory reporters of child abuse*



If you don't report, you may face:

- Criminal penalties;
- Civil suits;
- Loss of accreditation.

Mandatory reporters must make a formal report to DHS or law enforcement.

## Importance of reporting abuse — continued

### In Federal Fiscal Year (FFY) 2006:

- 60,746 reports of suspected child abuse/neglect were received
- 8,017 children were abused or neglected.

Seventy-four percent (74.4%) of the child abuse reports made last year were made by mandatory reporters. In some cases, especially for small children, you may be the only person outside their family who sees them. The information you have is vital.

### Who decides what child abuse is?

Child abuse is defined in Oregon law. Six different categories are listed:

- Physical abuse.
- Mental injury.
- Sexual abuse.
- Neglect.
- Threatened harm.
- Buying or selling a child.
- Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.
- Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

A more complete description of many indicators begins on page 24.

### Isn't it better to let families work out their own problems?

There are two good reasons to report abuse.

First, it is required by law. Some parents are simply unable or unwilling to protect their own children. The State of Oregon has declared that the health and safety of children is so important that mandatory reports and investigations are necessary.

Secondly, if caregivers are abusive, they can be given professional help to learn how to be better parents. Almost every parent wants what is

best for his or her children. Some people have not developed the skills necessary to provide the care children need.

## **Can other people report abuse?**

Yes. Anyone can make a report of suspected abuse. They will be asked for the same information we need from mandatory reporters.

Voluntary reporters also have legal immunity as long as the reports are made in good faith.

People sometimes want to make an anonymous report because they don't want the family to know they were involved. The only time a reporter's name can be released is by a court order.

Anyone  
can report  
suspected child  
abuse.

A late report or  
a report that is  
not made may  
place a child's  
life in danger.

# Stresses of reporting abuse

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Reporting child abuse can be very stressful.

## Why don't people report suspected abuse?

There are many reasons why people do not report.

- Many reporters have received little or no training about the symptoms of abused children. They are uncomfortable making such a serious accusation without more background in the field of child abuse and neglect.
- Some people are afraid of reprisals or being sued.
- Treatment professionals may see the reporting process as a sign their treatment has failed or as a violation of confidentiality.
- Reporters may be reluctant to go through “bureaucratic red tape”, feeling it will do nothing to help the family.
- Overidentification with family may lead to nonreporting, because the mandatory reporter feels sorry for them.
- A previous report may not have been handled as the reporter thought appropriate, and the reporter decides not to make any more reports.

Although all of these feelings are valid, they focus on something other than the protection of a child in danger. A late report or a report that is not made may place a child's life in jeopardy. In Oregon, there were seventeen children killed by abuse or neglect in FFY 2006. Five of these deaths resulted from neglect. Seven were caused by abuse. Five was caused by both abuse and neglect.

## Is reporting abuse stressful for the reporter?

Yes, reporting possible child abuse can be very stressful.

- You may be concerned about a child for some time before you have enough information to be reasonably sure abuse has occurred.
- You may worry about adversely affecting your relationship with the child and/or family.
- You may get frustrated by having to spend time talking to the people assessing the report, or you may feel they are not acting quickly enough.

- You may be angry at the person who abused the child.
- You will almost certainly feel sorrow for the child.
- You may not be satisfied with the result of the investigation, thinking not enough was done or too much was done. You may feel guilty about intruding on a family.
- You may be generally depressed without knowing why.

### **How can I help myself during this time?**

It is important to recognize this is a very emotional process. You may wish to talk to your colleagues, a trusted friend, or a counselor about your reactions.

There may be people you work with who have reported abuse. It may be particularly helpful to talk to them.

# The CPS Process

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## Process after a report:

- 1) Screening;
- 2) Assessment;
- 3) Determine whether abuse occurred;
- 4) Decide if the child is safe at home;
- 5) Agree on a plan for services;
- 6) Close the protective services case.

## What is child protective services?

Child protective services (CPS) is the part of DHS that responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare case plans to assist children and families.

CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

## What happens after I make a report?

CPS follows a process that includes six possible decision points for every child abuse report.

For each call CPS receives, the process begins with screening. If the information indicates possible abuse, a caseworker assesses the family situation by getting more in-depth information and determines whether abuse occurred and whether a child is safe.

If a child has been abused or neglected, CPS and law enforcement staff decide, with family help if possible, whether the child can be safely left at home. Conditions, behaviors and circumstances of the family are assessed to determine if safety threats exist in the family, to identify the child(ren) vulnerabilities and to determine if the caregiver can or will protect the child(ren). A protective action may be taken, immediately, to ensure the child's safety while the assessment continues. Later, the agency and family, if necessary, may develop an ongoing safety plan for the child(ren).

A case is closed when protective services are no longer needed to keep the child safe.

## What is screening?

Every report is handled by a CPS-trained worker who will make an initial determination of whether a report meets the guidelines that require DHS to conduct an assessment of the family.

Every report will fall into one of four categories:

- Information only.
- Referral to other services.

- Not a situation that is child abuse or neglect.
- Family support services
- Possible child abuse or neglect.

Those reports that are possible abuse are further analyzed to determine whether an immediate response is needed.

## **What is an assessment?**

In many cases after screening, a CPS-trained worker will conduct an assessment to determine whether a child has been harmed or is at a threat of severe harm.

The assessment includes talking to the child and caregivers and may include talking to family members and other people involved with the child (such as teachers or medical professionals).

After an assessment is completed, the information is reviewed to determine if the referral is:

- Founded.
- Unfounded.
- Unable to determine.

A founded designation means there is reasonable cause to believe that abuse or neglect occurred.

## **How is a decision made about the child's safety?**

If child abuse occurred, our first responsibility is to protect the child from immediate harm. A process for determining the safety of the child takes into account the type of abuse, the vulnerability of the child, family history, protective capacity of the family and the potential for reabuse.

When a child's safety can be reassured, the child should stay at home with his family. In most cases, the family is willing and able to protect the child from further abuse. The alleged abuser voluntarily agreeing to move out may be one alternative to removing a child or providing intensive family counseling or other needed services on an emergency basis could be another alternative.

**Our first responsibility is to protect the child from immediate harm.**

Parents sometimes need help to develop the skills to take care of their children.

When child safety cannot be assured in the home, an out-of-home protective action or out of home ongoing safety plan is developed. When this is necessary, DHS will first consider whether a relative can provide safety.

### **What is a case plan?**

A caseworker will discuss concerns and potential solutions with the family and work with them to develop a case plan acceptable to both DHS and the family. This may be done in a family meeting.

The intent of a case plan is to identify the protective capacity of the parents and identify what protective capacities can be enhanced so the parents can manage the future safety and well-being of their child.

Families may be referred to programs provided by DHS or to services provided by other organizations in the community.

For example, parent trainers can help parents establish fair, consistent rules for family behavior. Other options might be homemaker services, respite day care or mental health services.

Services may be provided to a family on a voluntary basis or by court order.

### **When is a child protective services case closed?**

A CPS case may be closed for several reasons.

- A family may gain the skills they need to provide for their child's safety.
- The family may be referred to another agency or to another DHS child welfare program for longer-term services.
- When, through assessment, it is determined that child abuse did not occur.

## **Does DHS do a face-to-face interview with every child who is reported?**

When a report of child abuse or neglect is received, a CPS-trained caseworker may be assigned to contact the child and his family. A child who is the subject of the report will be interviewed or observed, if too young to be interviewed. Siblings are interviewed or observed as well. If parents cannot be notified prior to the interview with their children, they are notified as soon as possible when their children have been interviewed.

## **May I be a part of the assessment interview with the child?**

Oregon law gives CPS-trained workers or law enforcement officers the discretion to decide how to structure the assessment. A CPS-trained caseworker or law enforcement officer might ask a person who is trusted by the child, such as a teacher, to join them in the interview.

A child fifteen years old or older who is being interviewed as the potential victim of child abuse, has the statutory right to request a personal representative be with them during the interview.

## **If a child is being abused, will you remove them from their home?**

8.8 percent of total child abuse reports resulted in a child being removed from home and placed in relative or substitute care (30.5% of family foster care is relative care). Even while in foster care, the goal for the child is to reunite her with her family whenever possible. Family visits and other services are offered to help family members learn the skills they need to ensure the safety and well-being of children.

A worker doing an assessment will:

- Talk to child;
- Talk to parent;
- Look at physical evidence;
- Talk to other people involved with family;
- Consider the family's culture;
- May consult with multi-disciplinary team members.



When a child is removed from home, there must be a juvenile court hearing within 24 judicial hours.

## **Does DHS offer parents any alternatives to removing their children?**

In most cases, DHS believes the best way to protect a child is by strengthening his parents' ability to take care of him. We offer a number of services to families and help the family to use the resources of relatives, friends and the local community.

When a child needs to be temporarily removed from home, we try to find a way to reunite the family while assuring the child's safety.

## **When can DHS decide to remove a child?**

DHS has the authority to remove a child from home if he is in immediate danger of abuse. This can be done several ways:

- A court order may authorize DHS or law enforcement to place the child in protective custody.
- A law enforcement officer may take a child into protective custody.
- A CPS-trained caseworker may remove a child from home if the child is in immediate danger.

## **If a child is taken into protective custody from school, who notifies the parents?**

Whether it is DHS or a law enforcement agency that takes a child into custody, that agency must make a reasonable effort to notify the child's parents and the organization from which the child was removed (such as a school or day care).

According to the Oregon Attorney General, if a child is removed from school, the school staff may only tell the parents:

"Personnel from [DHS or a law enforcement agency] removed the child from school. You will be contacted by personnel from that office. I am prohibited by Oregon law from providing any further information." (OP-5957)

## After a child is removed, who reviews the decision?

When a child is taken into protective custody, the situation is reviewed by the juvenile court within 24 judicial hours. The court then decides, based on the child's safety, whether he should be returned to his parents or kept in custody.

Later, the court will also review and approve the case plan for the family.

## Who else reviews DHS actions?

- Citizen Review Boards (CRBs) are set up in each county to review all cases where children are removed from their homes and remain in DHS custody for six months or more. Board members are appointed by a Circuit Court Judge in their county.

CRBs make recommendations to the court about the case, including:

- Whether substitute care should be continued.
- Compliance with the case plan.
- Whether reasonable efforts have been made to reunite the child with her parents.
- As with all state agencies, the Oregon Legislature reviews the activities of DHS and approves its budget every two years.
- An advisory committee is established by law. Its members are appointed by a DHS director to act in an advisory capacity on key child welfare issues.

## Does DHS prosecute abusive parents?

No. Only a district attorney can prosecute a crime. District attorneys receive reports of possible criminal behavior from law enforcement officers.

DHS has the authority to remove a child from home if he is in immediate danger of abuse.

Important factors in a safety assessment include:

- Vulnerability of child;
- Type of abuse;
- History of abuse;
- Level of protection by non-abusing parent;
- Substance abuse;
- Intellectual, psychological, and emotional condition of parent.

Cultural awareness is part of DHS staff training.

## Who is allowed access to the case file?

Most of the information in child abuse case files is confidential and is exempt from the public records law. It can be released under some conditions to certain people and organizations that have a need to know. Some parts of the case file (for example, psychological evaluations) cannot be released except by court order or with the agreement of the provider.

Information released must be kept confidential by the person or agency who receives it. It may be released to:

- A law enforcement agency or child abuse registry in another state that is doing an investigation of abuse.
- A physician examining or treating the child.
- Attorneys for the child or child's parent in a juvenile court proceeding.
- Citizen Review Boards that review the status of children in the jurisdiction of the juvenile court.
- A Court Appointed Special Advocate (CASA) who is working with the child in juvenile court.
- The Child Care Division of the employment department if the family is applying for license to be a day care provider.
- Senior and People with Disabilities if the family is involved with this program or is wanting to be a foster care provider under this program.
- Tribes, if the family is a recognized member of the tribe.
- A DHS director may release information to other hearings officers, courts, or organizations when it:
  - Is in the best interest of the child.
  - Is necessary to investigate, prevent or treat child abuse.
  - Will help protect children from abuse.

## **Cultural sensitivity — Does DHS take cultural child rearing practices into consideration?**

Yes. DHS takes several steps to help staff and clients communicate across cultures.

- Cultural awareness is a part of DHS staff training. This includes information on specific cultural practices that may be mistakenly labeled abuse. It also teaches staff to be aware of their own cultural biases and to recognize the strength each of us draws from our cultural heritage.
- Each office has access to interpreters for non-English speaking clients, and some staff speaks Spanish, Russian, Vietnamese, etc.

## **What kind of training do caseworkers get?**

CPS caseworkers must complete a comprehensive program that covers all aspects of child abuse including: symptoms of abuse; how to screen incoming reports of abuse; how to assess the future safety of a child; how to conduct an assessment of the family; how to interview victims, witnesses and alleged abusers; when to ask for law enforcement assistance; how to decide if abuse has actually occurred; how to decide on appropriate services and write a service plan; when to close a case; and many other needed skills.

In addition, all CPS supervisors and caseworkers are offered several days of in-service training to continually upgrade their knowledge and skills.

Law enforcement officers must be certified by the Board on Public Safety Standards and Training. The certification program includes training on child abuse issues.

## **What are multidisciplinary teams (MDTs)?**

District attorneys are required to convene multidisciplinary teams to review child abuse cases. There are teams working in every county in Oregon. By legal mandate, they develop protocols to ensure the coordination of child abuse investigations.

Specific training is required for CPS professionals.

MDTs review child abuse cases and plan intervention.

Child abuse is not just a DHS issue. The best way to protect children and strengthen families is through coordination of community services, including law enforcement, medical professionals, school officials, the district attorney, etc. That philosophy became part of Oregon's law with the passage of SB 967 in the 1989 legislative session.

These teams do a number of things.

- Coordinate information between social service agencies and law enforcement agencies working with the same families.
- Review selected cases and look at the services that have been offered, and develop additional services the community needs.
- Establish procedures for reviewing complex cases and joint decision making.
- Develop agreements between the various agencies that provide services in cases of child abuse and neglect.
- Hospital-based teams can review and coordinate medical aspects of cases.

Multidisciplinary teams also conduct child fatality reviews. The purpose of the review is to:

- Identify all preventable child deaths in Oregon.
- Identify specific factors that contributed to the deaths.
- Promote implementation of recommendations both at the systems level and individual level that might prevent future deaths of this nature.

# Frequency of child abuse

## How common is child abuse?

In Oregon, 12,043 victims of child abuse and neglect were identified by DHS in FFY 2006. This is a seven percent increase from the previous year. There were 60,746 reports made of suspected child abuse and neglect, up 10.2 percent from the previous year. The number of reports shows a 116.9 percent increase since 1997 (a ten-year period).

Family members account for 94.6 percent of all alleged abusers. Almost 44 percent are the child's mother more than 29 percent are the father.

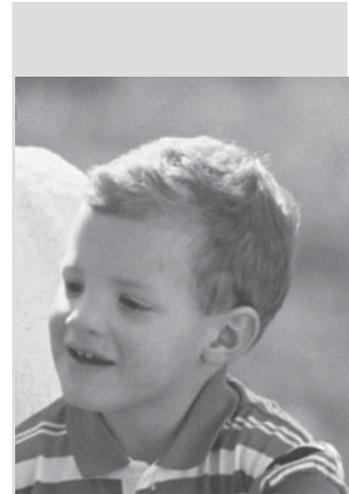
Children of every age are abused and neglected in Oregon, but the group that is most in danger is from birth to two years old. They constitute 29.2 percent of all abused and neglected children.

Abusive families often have at least one of the following stresses:

- Substance abuse by parent.
- Unemployment.
- Parental involvement with law enforcement.
- Domestic violence.

## What about deaths from abuse?

Child deaths continue to be a tragic result of abuse and neglect. Data for FFY 2006 indicates that 17 children were killed by abuse and neglect in Oregon. Five of these deaths resulted from neglect. Seven were caused by abuse. Five were caused by both abuse and neglect.



Child abuse and neglect reports have increased 60.6 percent since 1994.

# Physical abuse

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Physical abuse is:

- Bruises or cuts
- Head injuries
- Poisoning
- Fractures or sprains
- Burns or scalds
- Internal injuries
- Electric shocks

## What is physical abuse?

Oregon law defines physical abuse as any injury to a child that is not accidental.

Most parents do not intend to hurt their children, but abuse is defined by the effect on the child, not the motivation of the parents.

There were 981 children physically abused in Oregon in FFY 2006. The most common injuries are listed in the side box on the next page.

## What about bruises?

Bruises on bony surfaces such as knees, shins, forehead or elbows are more likely to be accidental than those occurring on the cheeks, buttocks or stomach.

Most falls produce one bruise on a single surface, while abusive bruises frequently cover many areas of the body.

Any bruising seen on babies who are not yet mobile is suspicious.

## What about head and facial injuries?

Injury to the skull and brain is the primary cause of child abuse deaths. Most serious internal head injuries during the first year of life are the result of physical abuse.

Eye problems are often the result of head injuries. These could be from direct blows to the eyes or be the result of other actions, such as shaking a child that leads to retinal hemorrhage. Injury to both eyes is a possible indicator of abuse, because accidental injuries usually occur on one side of the face.

The mouth is a common target for abuse. Injuries to this area include bruises, burns, split lips, broken teeth, and even fractures of the jaw.

## What about broken bones and injured joints?

You should be suspicious of abuse when:

- Unsuspected fractures are “accidentally” discovered in the course of an examination.
- The injury is not explained by the history given.

- Spiral fractures, which indicate twisting, are found
- Multiple fractures exist, especially when symmetrical.
- Multiple fractures exist in various stages of healing.
- Skeletal injuries are accompanied by injuries (for example, burns) to other parts of the body.

## What about poisoning?

Some parents may punish children by forcing them to swallow toxic amount of chemicals or food.

Some problems — any of which may be fatal — are:

- **Water:** Drinking huge quantities of water causes seizures, convulsions, confusion, lethargy and coma.
- **Hot peppers:** Cause damage to the mucous membranes of the mouth and stomach and injure the nervous system. Can also become clogged in the child's throat, leading to breathing problems.
- **Ground pepper:** Becomes clogged in the throat or lungs, causing breathing problems.
- **Laxatives:** Cause severe dehydration, fever and bloody stools.
- **Household products:** Various substances are abused, including toilet bowl cleaner, lighter fluid, detergents and oil.

## What about burns and scalds?

Although accidental burns may happen in any household, too many or improperly handled accidents can be signs of neglect.

It is not uncommon for a child to brush against a cigarette that is being held in someone else's hand. These burns are usually found on the child's face, arms or trunk, depending on the height of the child and the height of the person holding the cigarette.

"Doughnut" burns on the child's buttocks are an indication that the child's buttocks may have been pressed against the bottom of the bath tub of hot liquid so that part of the buttocks were not burned.

Parents may punish children by forcing them to swallow toxic amounts of chemicals or food.

Unlikely sites for accidental burns are:

- Back of the head or neck;
- Chest;
- Back of the hand;
- Lower trunk;
- Genitalia.

“Stocking” burns are those that result from a foot or hand dunked into scalding liquid. The skin is usually burned evenly.

“Scattered” burns can be caused by pouring or throwing hot liquid. These burns usually show varying levels of injury.

### **What about internal injuries?**

Only a small percentage of child abuse cases report injuries to internal organs. However, internal injuries are hard to identify in child abuse cases and may be one of the underlying causes of death or may make a child more susceptible to pneumonia or other infection that may cause death.

Although there are no absolute guidelines for symptoms of internal injuries, here are some common indicators:

- Pain in stomach, chest or any internal area
- Bruises on the chest or stomach
- Distended, swollen abdomen
- Tense abdominal muscles
- Labored breathing
- Severe chest pain while breathing
- Nausea or vomiting (especially blood)

### **What is the Shaken Baby Syndrome?**

The Shaken Baby Syndrome describes a head injury caused by holding a child by the arms or trunk and shaking her severely and repeatedly. Many parents do not understand that shaking can cause severe brain injury, blindness and even death.

The most common injuries are:

- Blood clots around the brain.
- Hemorrhages of the retina.
- Fractures in the growing portion of the bone.

- Injury to the brain.
- Bruises on the extremities or bruising and injury of the chest.

## **Is spanking child abuse?**

Although not recommended, spanking is not abuse. However, a spanking that leaves marks or bruises on a child might be abuse. Bruises anywhere on a baby are serious; minor bruising on a teenager is a concern, but may be less serious.



Spanking that leaves bruises or marks might be abuse.

# Sexual abuse & sexual exploitation



Sexual abuse includes:

- Fondling;
- Sexual contact;
- Sexual harassment;
- Exposure / voyeurism.

Abusers use threats to keep children quiet.

## What is child sexual abuse?

Child sexual abuse occurs when a person uses or attempts to use a child for their own sexual gratification. This includes incest, rape, sodomy, sexual penetration, fondling, voyeurism, etc.

There were 1230 children sexually abused in Oregon in FFY 2006. Almost seventy-four percent of sex abuse occurred within the family.

## What is fondling?

Fondling includes touching sexual parts of the body, such as breasts, genitals, and buttocks. This may include an adult having a child touch the sexual parts of their body.

## What is sexual contact?

Sexual contact includes rape, sodomy, incest, sexual penetration, etc.

## What is sexual harassment?

Sexual harassment includes intimidating or pressuring a child for sexual activities.

## What are exposure and voyeurism?

These include someone exposing himself to a child or exposing the genitals of a child for the adult's sexual gratification.

## Why do children keep quiet about being sexually abused?

Persons who sexually abuse children rely on many methods to force children to keep quiet. They may be subtle, telling the child they are doing it for her own good or promising them favors or gifts. Or they may be more blatant, such as a father warning his daughter if she tells anyone, the family will be broken up and everyone will blame her.

The abuser may convince the child they are equal partners, that he has special affection for the child and will be blamed if disclosure is made.

Many abusers use threats, telling the child his pets will be hurt, that his siblings will be targeted, or even the child himself will be killed if he tells.

Children need adults to provide their basic needs: food, a place to live, clothing, access to family and loved ones. Abusers deliberately exploit that dependency to make children submit to them.

## How often do children lie about being abused?

Research and experience have shown that children very rarely lie about the details of a sexual act that they have not experienced. It is much more common for adults to misunderstand or misconstrue a situation.

As a result, the child often blames herself for what is happening to her and feels guilty and depressed. She may create imaginary companions or even develop multiple personalities. Some children become aggressive and angry. Others turn to drugs and alcohol.

## What is sexual abuse of teens?

Oregon law does not make all sexual activity of a teen under the age of 18 illegal. The law includes defenses in some circumstances if the actor is less than three years older than the victim. Law enforcement and district attorneys will need to analyze each situation on a case-by-case basis.

For teens, evidence of sexual activity may be a potential indicator of sexual abuse. Consenting sexual relationships imply that both partners have the ability and capacity to make an informed choice without fear of harm or pressure. However, many teens do not have a clear understanding of the difference between consensual and abusive relationships.

Factors to consider in determining whether a relationship may be abusive include:

- Force is used.
- There is impaired mental and/or emotional capacity.
- Drugs or alcohol affect the ability to make a reasonable choice.
- There is manipulation, intimidation, implied threats or other forms of coercion.
- There is a distinct power differential or a significant age difference.

Children rarely lie about being abused.

A child may blame herself for what is happening.



**Sexual exploitation includes:**

- Using children in prostitution;
- Using children in pornography;
- Using children to gain money, drugs, food stamps, status, etc.

## **What is sexual exploitation?**

Sexual exploitation is using children in a sexually explicit way for personal gain e.g., to make money, to obtain food stamps or drugs, or to gain status. It also includes using children in prostitution and using children to create pornography.

## What is neglect?

Neglect is failing to provide adequate food, clothing, shelter, supervision or medical care. Chronic neglect is a persistent pattern of family functioning in which the parent or caregiver does not sustain or meet the basic needs of a child resulting in an accumulation of harm that can have long term effect on the child's overall physical, mental, or emotional development.

Neglect is the most common form of abuse and may have long-term effects. In FFY 2006, 4867 children were victims of neglect.

Neglect is one of the most common contributors to child fatalities.

## What standards are there for supervision and protection?

Parents must provide adequate supervision, care, guidance and protection to keep children from physical or mental harm. Parents must also provide appropriate treatment for children's problems.

Children will have minor injuries during childhood. When accidental injuries are frequent, they may be the result of neglect.

Neglect includes exposing a child to illegal activities such as:

- Encouraging a child to participate in drug sales, theft, etc.
- Exposing a child to parental drug abuse, theft, etc.
- Encouraging a child to use drugs or alcohol.

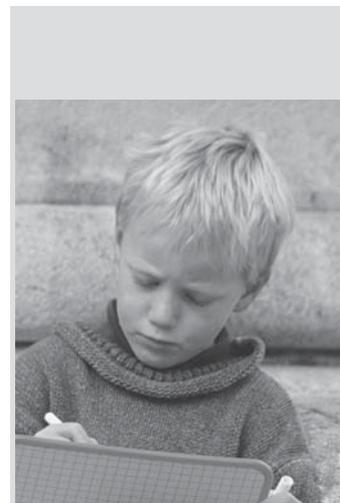
## What standards are there for child care?

Safe child care includes:

- A designated person who can take care of a child's individual needs
- A plan to reach the parent in an emergency.

A child should not be left in a position of authority or be left alone in situations beyond his ability to handle.

Each child must be looked at individually to make sure he or she is physically and emotionally able to handle the given responsibility.



Neglect is the most common form of child maltreatment.

Neglect is:

- Lack of supervision and protection;
- Inadequate food and clothing;
- Inadequate shelter;
- Medical neglect;
- Desertion;
- Failure to thrive;
- Exposing a child to illegal activity.

Children must have supervision to protect them from harm.

Children should not be given responsibilities beyond their abilities.

The law does not specify the age at which a child can be left alone. However, a child younger than age ten cannot be left unattended for such a period of time as may likely endanger their health or welfare (ORS 163.545).

### **What standards are there for food and clothing?**

Children need food that allows them to grow and develop normally. Clothing and shoes should be appropriate to the environment.

### **What standards are there for shelter?**

Children need protection from weather and safety hazards. This includes adequate heat, drinking water, sanitary facilities and space for sleeping.

### **What is medical neglect?**

Children need adequate medical, dental or mental health care services. When a medical situation may result in serious impairment, pain or death of the child, this may be medical neglect and CPS can intervene.

Religious beliefs about spiritual care are generally honored, except when the child's life is in danger. If a parent refuses medical attention in a serious or life-threatening situation, CPS may intervene.

### **What is Failure to Thrive?**

Failure to Thrive is a syndrome characterized by chronic malnutrition of an infant or young child. Growth is delayed.

Mental retardation, learning difficulties and delay in language skills are some of the long-term consequences.

Characteristics include:

- A weak, pale, and listless appearance; loss of body fat
- Staring vacantly, instead of smiling and maintaining eye contact
- Sleeping in a curled up, fetal position with fists tightly closed

- Rocking back and forth in bed as he lies on his back or banging his head repeatedly against his crib
- Obvious delays in developmental and motor function.

## **What do the terms drug exposed child and drug affected child mean?**

Alcohol and drug use during pregnancy is never a good idea. Many women do not realize the dangers drug use or addiction can present to children during pregnancy. Some affects may not be apparent at birth but can show up later. These dangers can result in a lifetime of problems for children. Any alcohol or drug use by a pregnant woman means a child has been “drug exposed” during the pregnancy.

When drug use creates physical, mental or behavioral problems apparent at the birth of a child or as the child grows, the child may be considered “drug affected.” Drug affects are confirmed through medical evaluation. They can include a range of issues from major physical problems to mental or behavioral problems that emerge as late as the child’s entry into school. Many drugs cause low weight and small body size at birth, withdrawal symptoms, and increased risk of Sudden Infant Death Syndrome (SIDS).

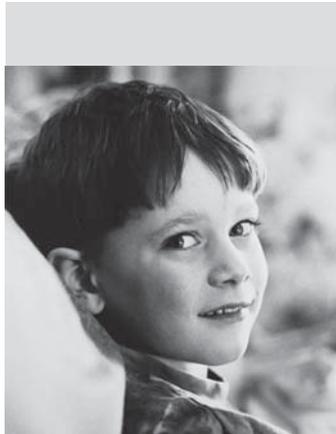
Methamphetamine is the most prevalent drug related to child abuse and neglect, while alcohol causes the most damage when used during pregnancy. Other commonly abused drugs include cocaine, marijuana, heroin and other narcotics and prescription drugs. Misuse of prescription drugs or use of illegal drugs is neglect when the use directly impacts the child.

Drugs may cause:

- Low birth weight;
- Small body size;
- Withdrawal symptoms;
- Increased risk of SIDS.

# Abandonment & mental injury

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Mental injury is the result of cruel treatment by a parent.

Mental injury may result from:

- Ridiculing
- Terrorizing
- Ignoring
- Isolating
- Corrupting

## What is abandonment?

Abandonment is parental behavior showing intent to permanently give up all rights and claims to a child.

## What is mental injury?

Mental injury/psychological maltreatment is the result of cruel or unconscionable acts and/or statements made, threatened to be made or permitted to be made by the caregiver(s) which have a direct effect on the child or the caregiver's failure to provide nurturance, protection or appropriate guidance. The caregiver's behavior, intentional or unintentional, must be related to the observable and substantial impairment of the child's psychological, cognitive, emotional and/or social well-being and functioning. There were 319 children found to be subjected to mental injury in Oregon in FFY 2006.

Some examples of mental injury include:

- Holding a child's head in the toilet to punish him.
- Stripping a child and chaining him to a tree for punishment
- Exposing or forcing a child to repeatedly watch domestic violence against his parent or siblings
- Shutting a child out of the family by not buying her adequate clothing or personal items. For example, furnishing other children's rooms with nice things and keeping her bedroom as empty as a cell.

# Threat of harm

## What is threat of harm?

Threat of harm is subjecting a child to a substantial risk of harm to his/her health or welfare. Substantial harm is defined as immobilizing impairment, life-threatening damage, or significant or acute injury to a child's physical, sexual, psychological or mental development and/or functioning.

There were 7570 founded incidents of threat of harm in Oregon in FFY 2006.

Some examples of threat of harm are:

- A child living with or cared for by a person who has been convicted of child abuse or neglect of any child in the past and the person current behavior, condition and circumstances present a substantial threat to the safety of a child.
- A newborn whose primary caregiver's current mental or behavioral condition indicates a lack of the skills necessary to provide adequate care even though the child has not suffered harm
- A child living with a person who is involved in child pornography
- Parent/Caregiver has caused the death of or severe harm to another child through physical abuse and the parent/caregiver behaviors, conditions or circumstances have not been ameliorated
- A child was present and in direct proximity to the violence (including, but not limited to being held while partner is being assaulted or physically restrained from leaving.

## When should domestic violence be reported as child abuse or neglect?

Domestic violence is a pattern of assault and/or coercive behaviors including physical, sexual and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship. Domestic violence is present in all cultures, socioeconomic classes, communities of faith, etc. Domestic violence almost always increases in intensity, severity and/or frequency.

The presence of domestic violence is a risk for children. However, not all situations of domestic violence require a report to DHS or law enforcement. DHS has the authority to intervene with families



Threat of harm means subjecting a child to a substantial risk of harm to her health or welfare.

The presence of domestic violence is a risk for children.

based on whether a child is being physically abused, sexually abused, neglected, suffering mental injury or is being subjected to an activity or condition likely to result in substantial harm.

A report to DHS or law enforcement is necessary when there is reasonable cause to believe:

1. There is current domestic violence or the alleged abuser has a history of domestic violence; and
2. One of the following:
  - There is a reason to believe the child will or is intervening in a violent situation, placing him at a risk of substantial harm.
  - The child is likely to be harmed during the violence (being held during violence, physically restrained from leaving, etc.)
  - The alleged abuser is not allowing the adult caregiver and child access to basic needs impacting their health or safety.
  - The alleged abuser has killed, committed substantial harm, or is making a believable threat to do so to anyone in the family, including extended family members and pets.
  - The child's ability to function on a daily basis is substantially impaired by being in a constant state of fear.

If you know a child is witnessing repeated or serious domestic violence and you are unsure of the impact on the child, call and consult a CPS screener.

Child selling includes buying, selling or trading for legal or physical custody of a child.

## **What is child selling?**

An additional category of abuse — child selling — was added to statute by the 1997 Oregon Legislature. This includes buying, selling or trading for legal or physical custody of a child. It does not apply to legitimate adoptions or domestic relations planning.



# Oregon child abuse reporting law

## REPORTING OF CHILD ABUSE

**419B.005 Definitions.** As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) “Abuse” means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child’s mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant

to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child’s health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child’s health or safety.

(b) “Abuse” does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) “Child” means an unmarried person who is under 18 years of age.

(3) “Public or private official” means:

(a) Physician, including any intern or resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Licensed clinical social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Naturopathic physician.

(o) Licensed professional counselor.

(p) Licensed marriage and family therapist.

(q) Firefighter or emergency medical technician.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(t) Member of the Legislative Assembly.

(4) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) A county juvenile department. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1; 2005 c.562 §26; 2005 c.708 §4]

**419B.007 Policy.** The Legislative Assembly finds that for the purpose of facilitating the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by stabilizing the family and improving parental capacity, it is necessary and in the public interest to require mandatory reports and investigations of abuse of children and to encourage voluntary reports. [1993 c.546 §13]

**419B.010 Duty of officials to report child abuse; exceptions; penalty.** (1) Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015. Nothing contained in ORS 40.225 to 40.295 or 419B.234 (6) affects the duty to report imposed by this section, except that a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem appointed under ORS 419B.231 is not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295 or 419B.234 (6). An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client.

(2) Notwithstanding subsection (1) of this section, a report need not be made under this section if the public or private official acquires

*Child abuse reporting law — continued*

information relating to abuse by reason of a report made under this section, or by reason of a proceeding arising out of a report made under this section, and the public or private official reasonably believes that the information is already known by a law enforcement agency or the Department of Human Services.

(3) A person who violates subsection (1) of this section commits a Class A violation. Prosecution under this subsection shall be commenced at any time within 18 months after commission of the offense. [1993 c.546 §14; 1999 c.1051 §180; 2001 c.104 §149; 2001 c.904 §15; 2005 c.450 §7]

**419B.015 Report form and content; notice to law enforcement agencies and local office of Department of Human Services.** (1)(a) A person making a report of child abuse, whether voluntarily or pursuant to ORS 419B.010, shall make an oral report by telephone or otherwise to the local office of the Department of Human Services, to the designee of the department or to a law enforcement agency within the county where the person making the report is located at the time of the contact. The report shall contain, if known, the names and addresses of the child and the parents of the child or other persons responsible for care of the child, the child's age, the nature and extent of the abuse, including any evidence of previous abuse, the explanation given for the abuse and any other information that the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.

(b) When a report of child abuse is received by the department, the department shall notify a law enforcement agency within the county where the report was made. When a report of child abuse is received by a designee of the department, the designee shall notify, according to the contract, either the department or a law enforcement agency within the county where

the report was made. When a report of child abuse is received by a law enforcement agency, the agency shall notify the local office of the department within the county where the report was made.

(2) When a report of child abuse is received under subsection (1)(a) of this section, the entity receiving the report shall make the notification required by subsection (1)(b) of this section according to rules adopted by the department under ORS 419B.017. [1993 c.546 §15; 1993 c.734 §1a; 2005 c.250 §1]

**419B.017 Time limits for notification between law enforcement agencies and**

**Department of Human Services; rules.** (1) The Department of Human Services shall adopt rules establishing:

(a) The time within which the notification required by ORS 419B.015 (1)(a) must be made. At a minimum, the rules shall:

(A) Establish which reports of child abuse require notification within 24 hours after receipt;

(B) Provide that all other reports of child abuse require notification within 10 days after receipt; and

(C) Establish criteria that enable the department, the designee of the department or a law enforcement agency to quickly and easily identify reports that require notification within 24 hours after receipt.

(b) How the notification is to be made.

(2) The department shall appoint an advisory committee to advise the department in adopting rules required by this section. The department shall include as members of the advisory committee representatives of law enforcement agencies and multidisciplinary teams formed pursuant to ORS 418.747 and other interested parties.

(3) In adopting rules required by this section, the department shall balance the need for providing other entities with the information contained in a report received under ORS 419B.015 with the resources required to make the notification.

(4) The department may recommend practices and procedures to local law enforcement agencies to meet the requirements of rules adopted under this section. [2005 c.250 §3]

Note: 419B.017 was added to and made a part of 419B.005 to 419B.050 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

**419B.020 Duty of department or law enforcement agency receiving report; investigation; notice to parents; physical examination; child's consent.** (1) Upon receipt of an oral report of child abuse, the Department of Human Services or the law enforcement agency shall immediately:

(a) Cause an investigation to be made to determine the nature and cause of the abuse of the child; and

(b) Notify the Child Care Division if the alleged child abuse occurred in a child care facility as defined in ORS 657A.250.

(2) If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the law enforcement agency shall notify by oral report followed by written report the local office of the department. The department shall provide protective social services of its own or of other available social agencies if necessary to prevent further abuses to the child or to safeguard the child's welfare.

(3) If a child is taken into protective custody by the department, the department shall promptly make reasonable efforts to ascertain the name and address of the child's parents or guardian.

(4)(a) If a child is taken into protective custody by the department or a law enforcement official, the department or law enforcement official shall, if possible, make reasonable efforts to advise the parents or guardian immediately, regardless of the time of day, that the child has been taken into custody, the reasons the child has been taken into custody and general information about the child's placement, and the telephone number of the local office of the department and any after-hours telephone numbers.

(b) Notice may be given by any means reasonably certain of notifying the parents or guardian, including but not limited to written, telephonic or in-person oral notification. If the initial notification is not in writing, the information required by paragraph (a) of this subsection also shall be provided to the parents or guardian in writing as soon as possible.

(c) The department also shall make a reasonable effort to notify the noncustodial parent of the information required by paragraph (a) of this subsection in a timely manner.

(d) If a child is taken into custody while under the care and supervision of a person or organization other than the parent, the department, if possible, shall immediately notify the person or organization that the child has been taken into protective custody.

(5) If a law enforcement officer or the department, when taking a child into protective custody, has reasonable cause to believe that the child has been affected by sexual abuse and

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rape of a child as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to disappear, the court may authorize a physical examination for the purposes of preserving evidence if the court finds that it is in the best interest of the child to have such an examination. Nothing in this section affects the authority of the department to consent to physical examinations of the child at other times.

(6) A minor child of 12 years of age or older may refuse to consent to the examination described in subsection (5) of this section. The examination shall be conducted by or under the supervision of a physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS chapter 678 and, whenever practicable, trained in conducting such examinations. [1993 c.546 §16; 1993 c.622 §7a; 1997 c.130 §13; 1997 c.703 §1; 1997 c.873 §33]

**419B.025 Immunity of person making report in good faith.** Anyone participating in good faith in the making of a report of child abuse and who has reasonable grounds for the making thereof shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report. [1993 c.546 §17]

**419B.028 Photographing child during investigation; photographs as records.** (1) In carrying out its duties under ORS 419B.020, any law enforcement agency or the Department of Human Services may photograph or cause to have photographed any child subject of the investigation for purposes of preserving evidence of the child's condition at the time of the investigation.

(2) For purposes of ORS 419B.035, photographs taken under authority of subsection (1) of this section shall be considered records. [1993 c.546 §18]

**419B.030 Central registry of reports.** (1) A central state registry shall be established and maintained by the Department of Human Services. The local offices of the department shall report to the state registry in writing when an investigation has shown reasonable cause to believe that a child's condition was the result of abuse even if the cause remains unknown. Each registry shall contain current information from reports catalogued both as to the name of the child and the name of the family.

(2) When the department provides specific case information from the central state registry, the department shall include a notice that the information does not necessarily reflect any subsequent proceedings that are not within the jurisdiction of the department. [1993 c.546 §19]

**419B.035 Confidentiality of records; when available to others.** (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.505 and 192.610 to 192.990 relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records compiled under the provisions of ORS 419B.010 to 419B.050 are confidential and may not be disclosed except as provided in this section. The Department of Human Services shall make the records available to:

(a) Any law enforcement agency or a child abuse registry in any other state for the purpose of subsequent investigation of child abuse;

(b) Any physician, at the request of the physician, regarding any child brought to the physician or coming before the physician for examination, care or treatment;

(c) Attorneys of record for the child or child's parent or guardian in any juvenile court proceeding;

(d) Citizen review boards established by the Judicial Department for the purpose of periodically reviewing the status of children, youths and youth offenders under the jurisdiction of the juvenile court under ORS 419B.100 and 419C.005. Citizen review boards may make such records available to participants in case reviews;

(e) A court appointed special advocate in any juvenile court proceeding in which it is alleged that a child has been subjected to child abuse or neglect;

(f) The Child Care Division for certifying, registering or otherwise regulating child care facilities;

(g) The Office of Children's Advocate; and

(h) Any person, upon request to the Department of Human Services, if the reports or records requested regard an incident in which a child, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015. Reports or records disclosed under this paragraph must be disclosed in accordance with ORS 192.410 to 192.505.

(2)(a) When disclosing reports and records pursuant to subsection (1)(h) of this section, the Department of Human Services may exempt from disclosure the names, addresses and other identifying information about other children, witnesses, victims or other persons named in the report or record if the department determines, in written findings, that the safety or well-being of a person named in the report or record may be jeopardized by disclosure of the names, addresses or other identifying information, and if that concern outweighs the public's interest in the disclosure of that information.

(b) If the Department of Human Services does not have a report or record of abuse regarding a child who, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015, the department may disclose that information.

(3) The Department of Human Services may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court, agency, organization or other entity when the department determines that such disclosure is necessary to administer its child welfare services and is in the best interests of the affected child, or that such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect children from abuse and neglect or for research when the Director of Human Services gives prior written approval. The Department of Human Services shall adopt rules setting forth the procedures by which it will make the disclosures authorized under this subsection or subsection (1) or (2) of this section. The name, address and other identifying information about the person who made the report may not be disclosed pursuant to this subsection and subsection (1) of this section.

(4) A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to other law enforcement agencies, district attorneys, city attorneys with criminal prosecutorial functions and the Attorney General when the law enforcement agency determines that disclosure is necessary for the investigation or enforcement of laws relating to child abuse and neglect.

(5) A law enforcement agency, upon completing an investigation and closing the file in a specific case relating to child abuse or neglect, shall make reports and records in

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the case available upon request to any law enforcement agency or community corrections agency in this state, to the Department of Corrections or to the State Board of Parole and Post-Prison Supervision for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release. A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to law enforcement, community corrections, corrections or parole agencies in an open case when the law enforcement agency determines that the disclosure will not interfere with an ongoing investigation in the case. The name, address and other identifying information about the person who made the report may not be disclosed under this subsection or subsection (6)(b) of this section.

(6)(a) Any record made available to a law enforcement agency or community corrections agency in this state, to the Department of Corrections or the State Board of Parole and Post-Prison Supervision or to a physician in this state, as authorized by subsections (1) to (5) of this section, shall be kept confidential by the agency, department, board or physician. Any record or report disclosed by the Department of Human Services to other persons or entities pursuant to subsections (1) and (3) of this section shall be kept confidential.

(b) Notwithstanding paragraph (a) of this subsection:

(A) A law enforcement agency, a community corrections agency, the Department of Corrections and the State Board of Parole and Post-Prison Supervision may disclose records made available to them under subsection (5) of this section to each other, to law enforcement, community corrections, corrections and parole agencies of other states and to authorized treatment providers for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release.

(B) A person may disclose records made available to the person under subsection (1)(h) of this section if the records are disclosed for the purpose of advancing the public interest.

(7) An officer or employee of the Department of Human Services or of a law enforcement agency or any person or entity to whom disclosure is made pursuant to subsections (1) to (6) of this section may not release any information not authorized by subsections (1) to (6) of this section.

(8) As used in this section, “law enforcement agency” has the meaning given that term in ORS 181.010.

(9) A person who violates subsection (6) (a) or (7) of this section commits a Class A violation. [1993 c.546 §§20,20a; 1995 c.278 §51; 1997 c.328 §8; 1999 c.1051 §181; 2003 c.14 §224; 2003 c.412 §1; 2003 c.591 §8; 2005 c.317 §1; 2005 c.659 §2]





# Department of Human Services branch offices & phone numbers

County	Local number	Toll-free
Baker	541-523-6423	800-646-5430
Benton	541-967-2085	866-303-4643
Clackamas	971-673-7112	---
Clatsop	---	877-302-0077
Columbia	503-397-3292	800-428-1546
Coos	541-756-5500	800-500-2730
Crook	541-693-2700	---
Curry	541-247-5437	---
Deschutes	541-693-2700	866-249-9263
Douglas	541-440-3373	800-305-2903
Gilliam	---	800-388-7787
Grant	541-575-0728	877-877-5081
Harney	541-573-2086	877-877-5450
Hood River	541-386-2962	800-388-7787
Jackson	541-776-6120	866-840-2741
Jefferson	541-693-2700	---
Josephine	541-474-3120	800-930-4364
Klamath	541-883-5570	---
Lake	541-947-2273	888-811-4201
Lane	541-686-7555	866-300-2782
Lincoln	541-967-2085	866-303-4643
Linn	541-967-2085	866-303-4643
Malheur	541-889-9194	800-445-4273
Marion	503-378-6704	800-854-3508
Morrow	541-481-9482	---
Multnomah	503-731-3100	800-509-5439
Polk	503-378-6704	800-854-3508
Sherman	---	800-388-7787
Tillamook	---	877-302-0077
Umatilla	541-276-9220	800-547-3897
Union	541-963-8571	---
Wallowa	541-426-4558	866-538-5804
Wasco	---	800-388-7787
Washington	503-681-6917	800-275-8952
Wheeler	---	800-388-7787
Yamhill	503-472-4634	800-822-3903

Send changes and updates to [lisa.zacharias@state.or.us](mailto:lisa.zacharias@state.or.us).

Oregon Department of Human Services

Children, Adults and Families

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